



## Missouri Department of Conservation GROUP FISHING APPLICATION

Requesting Agency: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Group Supervisor(s): \_\_\_\_\_

\*This person's name will appear on the permit.

Expected Group Size: \_\_\_\_\_

Type of Permit Requested: Education: ☐ Therapy ☐

Brief Explanation: \_\_\_\_\_

\_\_\_\_\_

Fishing dates or window of dates: \_\_\_\_\_

Fishing Location(s):	Name	County
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**\*\*\*Please allow at least 5 business days for MDC to respond to your request.**

**Refer to Missouri Conservation Code 3CSR 10-5.205 (H), (J) and (K) for more details.**

Fax completed form to Julie Love (573) 751-8971. Any questions, please call (573) 522-4115 ext. 3266.